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**THE PUEBLO INCIDENT: A FOLLOW-UP SURVEY CONDUCTED
EIGHT YEARS AFTER THE RELEASE OF THE USS PUEBLO
CREW FROM NORTH KOREA**

*See back
page 147*

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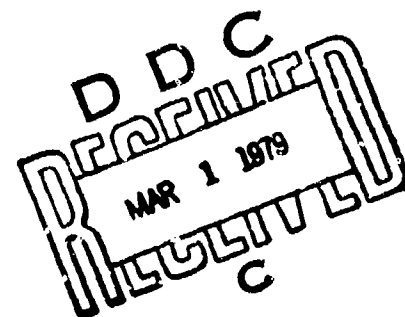
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The Pueblo Incident: A Follow-Up Survey Conducted
Eight Years After the Release of the
USS Pueblo Crew from North Korea*

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* Report No. 78-37. The views presented in this paper are those of the author. No endorsement by the Department of the Navy has been given or should be inferred.

Acknowledgements: The author is pleased to acknowledge the assistance in coding and data analysis which were provided by Mr. James Phelan and Mr. Lester Murphy; and preparation of tables by Ms. Lucile Cheng.

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Abstract

The 81 surviving USS Pueblo crew members were given extensive medical and psychiatric examinations on December 23, 1968. This was within 48 hours of their release after eleven (11) months' incarceration by the North Koreans.

The last group medical examination of the Pueblo crew was in April 1969. A questionnaire was mailed in early 1977 to the Pueblo crew members. The questions requested information regarding their health and adjustment since April 1969. The incidence and scope of symptoms and diseases, morbidity, disability, marital adjustment and current life styles was addressed. The survey inquired into the following major areas: (a) interim medical history and chronological development of illness, if applicable; (b) occupational experiences; (c) educational experiences; (d) marital history including children; (e) residential history; (f) interpersonal relationships; (g) military experience and (h) attitudinal changes as influenced by the incarceration experience.

*Voluntary Informed Consent: Each individual that participated in this study signed a detailed Voluntary Informed Consent form which in part contained the following: "I also consent to have my data used in any published scientific reports of this investigation, subject to the assurance of anonymity."

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Introduction

This paper will report on the results of the health and adjustment of former USS Pueblo crew members obtained from a mailed out questionnaire eight years following their release by their North Korean captors.

There had been no group examination of this unique group since March 1969, approximately four months after their eleven months of incarceration. Survey questionnaires have been used previously by the Medical Follow-up Agency, National Research Council for sampling former American POWs from World War II and the Korean Conflict.¹

There are many methodological problems that arise when conducting a mailed survey instead of personally examining and interviewing each participant in the study. The lack of a control group was also another detraction to this study, the crew of the USS Banner (AGER-1) would have been an ideal control group, but the USS Banner, a sister ship, was decommissioned a number of years ago. Later in this paper numerous investigators will be referenced who have hypothesized that the stress of incarceration as a POW or persecutee in a concentration camp may be one of the etiological factors which can produce a variety of late appearing physical and/or psychological symptoms frequently seen in individuals who have undergone incarceration.

Mattussek² reported that analysis of the individual subject's complaints were statistically more accurate than using the diagnoses made by interviewing physicians. It became apparent that a number of physicians, when given the same cluster of symptoms, would make different diagnoses. Therefore, it is hoped that this survey, albeit subjectively, compiled will provide some indication of the direction of the chronological health and adjustment of the Pueblo crew members eight years after their release from incarceration.

Background

On January 23, 1968, the USS Pueblo (AGER-2) was fired upon and captured in International waters in the Sea of Japan, off the coast of North Korea. The gunfire from the attacking patrol boats killed one U.S. Navy enlisted man. Seven other crew members were wounded, two of them sustained serious injuries but survived. The USS Pueblo was boarded and escorted into Wonsan Harbor.

The 82 surviving crew members and all of their official military Health and Service Records were transferred to a temporary prison - nicknamed by the crew -- "The Barn" -- because of the predominant odor that permeated the entire area. This was in the vicinity of Wonsan.

All of the Pueblo crew members report that they were "forcefully interrogated" for a number of days, frequently being told -- "you will be shot unless you confess." Eventually the entire crew "confessed" -- in writing -- to the charges that the USS Pueblo had "intruded into the territorial waters of the Democratic Peoples Republic of North Korea."

On March 5, 1968, the entire crew was transferred by train to a permanent military facility near Pyongyang. At this second facility officers were placed in single rooms which were sparsely furnished but, they were lighted and heated. The remainder of the crew was randomly assigned to similarly furnished rooms which accommodated eight individuals -- except for one room that housed four crew members. The composition of the personnel in these rooms would remain the same until December 23, 1968, when the crew would be released to the American authorities. The crew would be struck and/or interrogated throughout the captivity period for breaking minor prison rules, for example -- not bowing -- or talking in certain areas or at improper times. However, the crew was allowed to assemble as a group for calisthenics nearly every day.

The majority of the crew reported that they were anxious and, during the first days immediately after their capture, feelings of guilt that followed the "confessions," for the most part, were transitory and modified by shared rationalizations with other crew members.

The North Koreans attempted, through lectures, field trips and written material, to convince crew members of the injustices of the U.S. "imperialist" government.

In the fall of 1968 there were signs of increased friendliness by the Koreans, which were interpreted by the crew as an indication of increasingly good prospects for release. However, in the first week of December 1968 the attitude changed and "Hell Week" was supplanted. Apparently the Koreans had learned the meaning of some details released to families by mail and of the obscene gestures which appeared in photographs. Physical maltreatment increased to its most intense level since their capture.

Suddenly and, unexpectedly, on December 19, 1968, the maltreatment was reversed. On December 23, 1968, the crew was returned to South Korea, walking single file across the bridge connecting the Koreas at Panmunjom. Each man received a screening physical examination and was provided with an American uniform. The crew was flown to the Naval Regional Medical Center, then called the U.S. Naval Hospital, San Diego, California for a

more thorough evaluation and debriefing. They arrived on Christmas Eve into an emotionally-packed welcome home provided by relatives and the people of San Diego.

The return of the 82 surviving Pueblo crew members on December 24, 1968, made it possible to evaluate physically and psychiatrically a group of men that had been imprisoned for eleven months in a hostile country. The background characteristics of the crew were highly varied but the imprisonment experience was similar -- thus permitting the evaluation of how different personality types tolerated the adverse situation of captivity. The results of these studies have been previously reported.^{3,4,5} In addition, there have been numerous accounts of the "Pueblo Incident" written by members of the crew.^{6, 7, 8, 9, 10}

The scientific literature abounds in reports of studies about the health and adjustment of former prisoners of war and/or survivors of concentration camps. The United States National Research Council, Follow-Up Agency reported that former American prisoners of war that had been imprisoned by the Japanese and North Koreans during World War II and the Korean Police Action had significantly higher rates of morbidity and mortality than did control subjects.^{1,11} Segal,¹² reviewed the literature on the Long-Term Psychological Effects of the POW experience.

Review of the Current Literature

Eitinger¹³ and Thygesen¹⁴ extensively studied, physically and psychiatrically, survivors of German concentration camps. From these studies the investigators delineated a cluster of symptoms, called the Concentration Camp Syndrome (KZ). It was their suggestion that the early aging observed in former prisoners of war and/or concentration camp survivors was caused by the concentration camp experience.

German, Romanian and Danish investigators¹³ have attributed the etiology of the KZ syndrome to the sequelae of trauma received during torture, toxic conditions, severe and/or prolonged malnutrition which, either singly or in combination, produced clinically diagnosable organic brain disease. Some French and Russian investigators¹³ attributed the etiology of progressive debility to an "overburdened hypothalamus" which was due to the severe, continued psychological stress to which concentration camp survivors were exposed.

Eitinger¹³ reported "a clear correlation between the severity of the KZ syndrome and the signs of encephalopathy and the severity of conditions experienced by the patient during incarceration." Thus, Eitinger¹³ concluded that the KZ syndrome was the result of organic brain damage caused by conditions of imprisonment (namely -- trauma, malnutrition, intercurrent infections, psychological stress and so forth).

TABLE 1

Authors:	KLIMKOVA- DEUTCHOVA, E.,	HERMANN, K., and THYGESEN, P.,	BITINGER, L.,	HERMANN, K., and THYGESEN, P.,	PAUL, H.,
Examination period:	1945-1961	1951-1953	1957-1961	1964	1958-1962
Persons:	200 former concentra- tion camp inmates and members of combat units	120 former members of the resistance (concentration camp inmates)	100 persons incarcerated in German concentration camps, Norwegian and Japanese camps	225 former members of the resistance (concentration camp inmates)	50 former persecutes (not concentration camp inmates) of various national origins
Origin of cases:	Examination to assess eligibility for compensa- tion	Follow-up examination at request of an accident insurance institute (re-assessment of com- pensation)	Follow-up examination at request of the Asso- ciation for Disabled Servicemen (Kriegs- invalidenverband) (re-assessment of com- pensation)	Follow-up examination for scientific purposes	Examination to assess eligibility for compensa- tion
Complaints:	%	%	%	%	%
Laminitis	40		85		
Nervousness, laminitis			78		
Poor memory	14.5	87	78	57	88
Dysphoric mood			72		
Functional instability		36	70		92 (mood affected)
Sleep disturbances	41		61	65	84
Anxiety	36	62	55		68 (during day)
Feelings of inadequacy			54		
Loss of initiative			54		
Headaches	53.5		53		98
Vegetative complaints	42		48		
Giddiness	24		43		92
Anxiety dreams	10		36	67	82
Depressions	34.5	67	36		
Trembling	23		21		
Alcohol abuse			19		
Reduced alcohol tolerance			14		90
Diffuse pain and paresthesia			14		
Tinnitus			13		
Affective instability (irritability)	25	73		80	100
Overreactivity to noise		43			68
Inability to concentrate		78		62	
Vertigo (height-induced)					80
Difficulties in making social contact					66
Worries				more than 90	66
Easily tired					64
Excessive sweating				71	56
Hyperaemia during the day	12				
Hypertension	57				
Disturbance of elemen- tary postural reflexes	18				

Table 22 (pp 52-53) Reference 2

Matussek² interviewed 245 former persecutees and selected 188 concentration camp survivors from German concentration camps who had submitted claims for disability.

The disability claims were based on: 1) impaired health, 2) financial losses, 3) loss of freedom, or 4) impaired career prospects. Thus individuals were included in this sample who had never submitted claims to the Regional Indemnification Office, Munich, claiming impaired health.

The number of psychologically healthy individuals in the sample was "very small". In contrast to the widely held view that there is one specific type of late injury resulting from incarceration in a concentration camp, these subjects displayed a broad spectrum of somatic and psychological complaints occurring long after the date of liberation. It was noted that not one of these complaints was significantly correlated with the duration of incarceration.

The possible etiological factors as proposed by Matussek include: 1) sociological characteristics such as gender, age in 1960 (15 years after release), reasons for persecution, country of origin and country of residence following repatriation; 2) persecution stress, severity of work situation, severity of camp, duration of incarceration, loss of relatives, and illnesses suffered during incarceration, and 3) developmental influences of childhood and adolescence.

It was concluded that each individual reacts in different ways to extreme stress. "There is no specific late-injury syndrome. The reactions can take the form of psychic, psychophysical or purely somatic illness syndromes. The choice of the mode of reaction depends both on the severity of the stress combined with the development of the individual's personality prior to incarceration."

Of the 188 selected 170 submitted a claim for pension because of illness of injury resulting from concentration camp incarceration. There were 18 individuals who made no application, "non-applicants," for a disability pension based on medical claims. The remaining 170 individuals' medical records were reviewed however, 26 were not available for an interview, because of death, prolonged absence, or they refused to be interviewed. The group of 144 remaining individuals were given psychological interviews. The chief complaints obtained depended on the interest of the physician conducting the interview and are shown in Table 2.

TABLE 2
Late-Appearing Damage to Health
Somatic complaints (n = 144)

Complaints	Mentioned in medical examinations	Mentioned in psychological interviews	Level significance ^a
Vegetative complaints	65 (39.7%)	48 (33.7%)	n.s.
Dental complaints	53 (36.8%)	19 (13.3%)	n.s.
Rheumatic complaints	48 (33.7%)	24 (16.8%)	n.s.
Cardiovascular complaints	95 (66.0%)	68 (47.7%)	n.s.
Head complaints	64 (44.4%)	42 (29.3%)	n.s.
Hepatic/biliary complaints	35 (24.3%)	16 (11.2%)	n.s.
Urological complaints	24 (16.8%)	8 (5.6%)	n.s.
Spinal column complaints	48 (33.7%)	30 (20.8%)	n.s.
Defective sight/hearing	35 (24.3%)	21 (14.1%)	n.s.
Pulmonary-bronchial complaints	57 (39.6%)	41 (28.7%)	n.s.
Intestinal complaints	27 (18.7%)	13 (9.1%)	n.s.
Stomach complaints	61 (42.6%)	50 (34.8%)	—
Complaints resulting from mistreatment	22 (15.3%)	19 (13.3%)	—
Neurological complaints	11 (7.6%)	8 (5.6%)	—
Chronic anginous throat conditions	9 (6.3%)	0 (0%)	—
Circulation problems (following frostbite)	5 (3.5%)	4 (2.8%)	—
Skin eruptions	1 (0.7%)	0 (0%)	—
Gynaecological complaints (38 women)	14 (37.0%)	10 (27.0%)	—

^aThe difference between the figures for the medical examinations and the psychological interviews was tested for significance using the four-field chi-square test (h.s. = 0.1%; n.s. = 1%; s = 5% level of significance).

Psychological complaints (n = 144)

Complaints	Mentioned in medical	Mentioned in psychological	Level significance ^a
Mistrust, shyness, difficulty in making social contact	6 (4.2%)	62 (43.4%)	n.s.
Feeling of isolation	2 (1.4%)	54 (37.8%)	n.s.
Anxiety dreams	28 (19.4%)	75 (52.5%)	n.s.
Feelings of hatred	0 (0%)	31 (21.6%)	n.s.
Paranoid ideation	1 (0.7%)	21 (14.7%)	n.s.
Inner agitation, irritability	41 (28.5%)	72 (50.2%)	n.s.
Depressive mood	43 (29.9%)	61 (42.6%)	n.s.
Sleep disturbances	45 (31.3%)	46 (32.2%)	—
Anxiety states	29 (20.1%)	33 (22.9%)	—
Temporary or partial amnesia	32 (22.2%)	39 (27.3%)	—
Tiredness, apathy	50 (34.8%)	37 (25.7%)	—
Impaired vitality	11 (7.6%)	9 (6.3%)	—
Thoughts of suicide	6 (4.2%)	5 (3.5%)	—

^aThe difference between the figures for the medical examinations and the psychological interviews was tested for significance using the four-field chi-square test (h.s. = 0.1%; n.s. = 1%; s = 5% level of significance).

Table 18,19 (p 48) Reference 2

Of the 144 interviewed there were 16 individuals who suffered less than 25 percent in their working capacity. These results are shown in Table 3.

TABLE 3
Physical and psychological complaints of 16 persons suffering less than 25% reduction
in working capacity as a result of persecution

Physical complaints	Absolute Quantity	Psychological complaints	Absolute Quantity
Cardiovascular complaints	7	Anxiety dreams	9
Vegetative complaints	5	Mistrust, difficulty in making social contact	9
Head complaints	5	Internal agitation, irritability	8
Stomach complaints	5	Sleep disturbances	8
Pulmonary-bronchial complaints	4	Depressive moods	7
Dental complaints	3	Anxiety states	6
Spinal column complaints	3	Tiredness, apathy	5
Rheumatic complaints	2	Feeling of isolation	5
Hearing and sight defects	2	Temporary or partial amnesia, poor concentration	4
Intestinal disorders	2	Paranoid ideation	3
Injury to limbs following maltreatment	2	Feelings of hatred	2
Urological complaints	1	Disturbed vitality	1
Gynecological complaints	1		
Total	42	Total	67

Table 17 (p 44) Reference 2

The 18 "non-applicants" mentioned a number of complaints during their psychological interviews. See Table 4.

TABLE 4
Number of physical and psychological complaints mentioned by 18 non-applicants

Physical complaints	Absolute Number	Psychological complaints	Absolute Number
Dyspeptic complaints	5	Anxiety dreams	6
Spinal column complaints	3	Nervousness, irritability	5
Headache	2	Depressive moods	4
Hearing and vision defects	2	Anxiety states	3
Pulmonary-bronchial complaints	1	Partial or temporary amnesia	1
Stomach disorders	1	Tiredness	1
Rheumatic complaints	1		
Gynecological complaints	1		
Sterility	1		
Total	17	Total	20

Table 16 (p 43) Reference 2

The physical and psychological complaints of the 16 individuals who suffered less than 25 percent in their working capacity were compared with the complaints mentioned by the "non-applicants." This allowed a determination to be made about the relative "pathological value" of the "non-applicant" complaints.

In comparing Table 3 with Table 4, it is apparent that the non-applicants had fewer complaints than the 16 applicants. The psychological complaints are especially high among the applicants.

Sample

The USS Pueblo crew at the time of capture consisted of 6 officers, 73 Navy enlisted men, 2 U.S. Marine Corps enlisted men and 2 civilian oceanographers, making a total of 83 crew members. At the time of their release on December 23, 1968, 82 crew members and 1 body were returned to the United States. Since the crew's last group evaluation in March 1969, 1 former crew member reportedly died from carbon monoxide poisoning - the details about his death are unknown.

Methods

A comprehensive booklet was mailed out to 76 former USS Pueblo crew members in April 1977. There were 5 individuals for whom we were unable to obtain a mailing address. The booklet was divided into the following categories: 1) demographic identification, interim update, including changes in the member's family structure; 2) a comprehensive past medical history questionnaire; 3) chronological record of illness and injury from March 1969 to April 1977; 4) details of the specific illness or injury and the outcome of treatment, if any, which occurred during the preceding eight years; 5) the Health Opinion Survey, similar to a shortened version of the Cornell Medical Index, (psychological section) which has been reported in the literature; 6) general symptoms questionnaire which is similar to the common symptoms of the (KZ) syndrome; 7) military service history; 8) family history; 9) education completed or participated in since being released from North Korea; 10) chronological record of residence changes and the reasons for any changes; 11) occupational history since being released from captivity; and 12) self-evaluation of the individual's adjustment since his incarceration in 1968.

Data that were obtained or developed from the psychological evaluations conducted in January 1969 and March 1969 will also be used as variables, namely, the results from the MMPI.

There are 81 known Pueblo crew members and we obtained 76 mailing addresses which were thought to be correct. There were 5 Pueblo crew members for which no addresses could be found, 3 individuals who declined to participate and returned the questionnaire booklet, 41 who completed their booklets, agreeing to participate by signing the Voluntary Informed Consent Form, and 32 who did not respond. However, their booklets were not returned and marked -- "addressee unknown."

Thus, of the 76 Pueblo crew members that we believe received an invitation to participate in this survey, 41 or 53 percent agreed to participate and are the subject of this report.

It was necessary to ascertain the composition of the crew members that agreed to participate, as well as evaluate, those who were not participating.

TABLE 5
USS Pueblo Crew
1977

Sample, N = 41	
Active Duty	12
Retired	6
Medically Retired	5
Released from Active Duty	16
Civilians	2
Total	41

Most of the Pueblo crew members had completed a Minnesota Multiphasic Personality Inventory (MMPI) soon after being released from captivity in January 1969. No MMPI could be found for one member that participated in this follow-up survey. Forty non-participants were selected, as a comparison group, by using every other name from the alphabetical roster of the crew. The MMPI profiles were examined for 80 Pueblo crew members. The MMPI had been completed in January 1969, within 7 days of the crew's release from captivity. Two attributes of the MMPI profiles were examined: 1) the major pattern of complaints of the 80 men and 2) the similarities and differences between the men participating and those who elected not to participate.

Major Complaint Pattern: The clinical evaluation of the majority of the crew members was corroborated by the MMPI profiles, initially the men were overactive with rapidly changing ideas and emotional lability. The overactivity was, for the most part, not productive. The crew's mood ranged from being good-humored to being irritable with occasional temper outbursts.

Characterological problems were found frequently in the MMPI profile although this type of personality trait is frequently found in the younger enlisted men on active duty. Characteristically individuals that have these traits do not profit from experience and demonstrate difficulty in coping with stressful situations.

Dysphoric symptoms were also noted to be a major complaint. Somatic complaints were frequently recorded, some of which later proved to have a physiological basis, for example, the "burning feet syndrome" -- attributed to peripheral neuropathy. There was only one man in 40 whose MMPI profile revealed no significant complaint.

Mental Status and repeat MMPI examinations conducted three months later revealed that the majority of the crew members had recovered from the overactive, dysphoric mood and affect. The personality disorders had stabilized to their premorbid state and the individuals were functioning as anxiety-free individuals some with recognizable personality disorders. Therefore, the initial MMPI profiles did not represent a fixed psychopathology, but rather, they characterized the manner by which the crew members coped with the stresses encountered immediately following their release from captivity. It should be recalled that the crew members did not know how they would be received by the Navy, their families, or the American public in general. Suddenly they were returned to an accepting, friendly, noisy atmosphere --which was exactly opposite to the environment in which they had been living for the previous eleven months.

Participant's Patterns: Overall, the patterns between participants and non-participants are similar. An empirical difference is present between participants and non-participants on two profiles: 1) participants have more somatic complaints and 2) non-participants show two profiles of no complaint while participants have no such pattern. The number of the cases makes these differences insignificant.

The results of the two MMPI profiles document the clinical impressions that POWs, immediately following their release, are falsely euphoric, their affect does not coincide with their verbalized responses, hypersensitive to external sensory stimuli, and have an inability to express negative feelings about anyone or thing except themselves. This state usually continues for a period of 5 to 10 days. They frequently recover successfully their premorbid personality traits, if not, they may exhibit some somatic complaints frequently of the hysterical conversion type.

TABLE 6
MMPI profiles for participants and non-participants
Pueblo crewmembers

PROFILE	PERCENTAGE		TEST FOR DIFFERENCES
	Participants (N=40) *	Non-Participants	
Manic/flight feelings	26.8%	31.0%	.52
Manic/characterological armor	12.4%	9.3%	.58
Characterological - general	26.3%	31.0%	.52
Depressive complaints	15.4%	15.4%	.00
Somatic complaints	12.4%	3.6%	1.83
Paranoid ideation	6.2%	3.6%	.65
No significant complaint	0%	6.1%	2.03

*The MMPI profile was missing for a participant; accordingly, 40 non-participants were randomly selected.

**No significant differences for the two groups of 40.

Results and Discussion

Mean and modal characteristics were used in the summary of the data. Discussion of outcome information is presented descriptively.

Demographic Characteristics

The average age of the participants was 35.6 years ranging in age from 28 to 49. The majority of the men were married and living with their families; (32 were married, 2 were single, 3 were divorced, and 1 had remarried a woman he had previously divorced.) Among the participants at the time of their release on December 23, 1968, 20 were single; (2 had remained single, and 18 are now married.) Three of the men who had been married have subsequently changed their marital status: (1 was separated, 2 were divorced, and 1 of the divorced men remarried his former spouse.) There were 18 participants who were married in 1968 and report that they are married in 1977. Of course, it is possible that a participant was married in 1968, divorced several years later and married for the second time prior to this 1977 survey. One participant who was divorced in 1968 reported that he was divorced in 1977, a widower in 1968, was married in 1977, and one was married in 1968 and reported that he was separated in 1977. The 34 married or previously married participants reported that they had a total of 79 children. (Family size ranged from 1 to 5 children.) The children's ages ranged from 1 to 24, and there were 50 males and 29 females. There were 3 married, 2 divorced and 2 single participants that had no children.

The participants were separated into five groups with regard to their current status with the Navy Department or the Federal Civil Service Commission. In 1977 there were 12 individuals who were on active duty, 6 had retired, 5 had been medically retired, and 16 had completed their active duty contractual obligation and had been honorably discharged from the naval service. The 2 civilian Oceanographers are still employed by the Federal Civil Service Commission in their specialized field. The 12 participants who were still on active duty each had been promoted to a higher rate or rank, between 1969 and 1977. The average increase in pay grades was 1.5, range (1-3). The 5 participants who had been medically retired, 2 had received promotion with an average of .08 increases in paygrades, and of the 6 individuals who had retired, 2 had earned promotions, 2 remained at the same paygrade and data about the 2 remaining individuals' discharge paygrades were not available.

General Health

The participants were asked to subjectively rate their general physical and emotional health, by years, from April 1969 until the date of their reply in 1977. They were given the choice of rating their health as excellent, good, fair and poor.

Twelve or 29 percent rated their health as excellent in 1969, the average for the eight years was 16 (range 12-18) 39 percent. The high of 18 or 44 percent was reached in 1972 and 1974, in the last three reporting years the number claiming excellent health have been decreasing, mean 16.3 or 40 percent. Nineteen or 46 percent of the participants claimed that they had good health in 1969. This had a range of 17-21, 42 to 51 percent over the reporting time period. In 1974, 21 or 51 percent claimed they had good health, this has decreased in the last three years to 17.8 or 44 percent. Nine, or 22 percent, of the former Pueblo crew members claimed to have fair health in 1969. The average from 1969 to 1977 was 5 or 12 percent, with a range (2-9), 5 to 22 percent. The past three years the number has been fairly constant at 6 individuals, or 15 percent. One or 2 percent of the participants claimed to be in poor health over the years except for the years 1973 and 1974. This resulted in a mean of 0.7 individuals or 1.4 percent of the sample.

The participants were requested to rate the degree of their physical disability. None were totally disabled but 9 individuals, 22 percent, reported that they were

partially disabled. Eight of the partially disabled individuals reported that they were:

- 1) unable to work in their usual occupation,
- 2) unable to participate in their desired or usual social activities, and
- 3) seven were unable to participate in their usual leisure time activities or hobbies.

Thus, 20% of the participants' partial disability markedly interfered with this ability to seek gainful employment in their experienced field and/or enjoy their preferred social life. One individual who was partially disabled takes prescribed medications daily and two take non-prescribed medications on a daily basis. None of these individuals require assistance from others on a daily basis because of their disability.

Specific Illnesses and Injuries

The participating Pueblo crew members were asked to complete a number of detailed questions about each illness or injury that occurred to them during the period April 1969 until 1977 when they completed the mailed out questionnaire. There were seven individuals who reported no illnesses or injuries. The remaining 34 participants reported a total of 132 illnesses or injuries (range 1-12), mean 3.85. Eight or 23% of the participants, who had illnesses, reported 55 (41%) of the 132 illnesses. There were two who had six, and two with nine reported illnesses. There were four who had 7, 10, 11, and 12 illnesses respectively.

The participants were asked for the specific name of each illness, if known, 67 (50.8%) expressed confidence in the diagnostic label, 61 (46.2%) provided layman's terms in describing their symptoms, and four (3%) did not attempt to answer that specific question.

The diagnosis was made by a physician in 63.6% of the cases, by a medical practitioner or paraprofessional in 8.4%, self-diagnosed 13.6%, and in 14.4% of the illnesses this question was not completed.

The following types of treatment were given for the 132 medical episodes.

TABLE 7
Types of Treatment

Treatment	No.	%
None	37	28.0
Surgery	14	10.6
Physical Therapy	7	5.3
Psychotherapy/Counseling	4	3.0
Radiation Therapy	1	0.8
Special Diet	11	8.3
Med Rx	19	13.6
Other/Not Applicable	33	25.0
Not Reported	7	5.3
Total	132	100.0

The profession or title of the individuals providing the treatment were identified as follows:

TABLE 8
Treatment Providers

Treatment	No.	%
Self-Treated	25	18.9
Physician	53	40.2
Osteopath	1	0.8
Chiropractor	1	0.8
Psychologist	2	1.5
Not Applicable	41	31.1
Other	8	6.1
Missing Data	1	0.8
Total	132	100.0

The year in which the illnesses began was requested. The Pueblo crew members were repatriated on December 23, 1968 and some of them dated the year of onset as 1968.

TABLE 9
Year of Onset

Year	No.	%
1968	27	20.5
1969	22	16.7
1970	14	10.6
1971	6	4.5
1972	4	3.0
1973	8	6.1
1974	8	6.1
1975	9	6.8
1976	13	9.8
1977	13	9.8
Missing Data	8	6.1
Total	132	100.0

For 108 of the illnesses or injuries there were no hospital days accrued. There were 23 episodes for which 153, range (1-17), mean 6.65, hospital days were required to provide treatment. There was one case for which we had no data.

The number of days of work that were missed because of illness, if the participant was not hospitalized, were tabulated. There were 97 episodes for which no lost time from work was recorded. The sick days lost by 32 individuals totaled 387 days (range, 1-45), mean 12.09.

The participants were asked if in their opinion, do you believe this medical episode was related to your incarceration by the North Koreans?

TABLE 10
Relationship of Illness to Captivity Experience

Relationship	No.	%
Yes, directly related	50	37.9
Partially related	15	11.4
Unrelated	37	28.0
Don't know if there is a relationship	27	20.5
Missing data	3	2.3
Total	132	100.0

The question was asked about the outcome of the illnesses as the final question in this part of the mailed-out questionnaire booklet.

The participants reported that they had recovered from 62 of the 132 episodes, while 45 were "unchanged" and 13 were "somewhat better," and 9 or 6.8 percent became "worse":

TABLE 11
Outcome of illness or injury

Outcome	No.	%
Recovered	62	47.0
Unchanged	45	34.1
Somewhat better	13	9.8
Worse	9	6.8
Total	132	100.0

There were 17 diagnostic categories totaling 53 episodes that were reported as occurring more than once. These diagnoses and the incidence of occurrence can be seen in Table 12.

TABLE 12
Most Common Diagnoses Reported By
USS Pueblo Crew Participants

ICDA-8	Name	No.	%
4700	Influenza (location unspecified)	7	5.3
7816	Disturbance in sensation (miscellaneous type)	7	5.3
7910	Headaches	5	3.8
5329	Ulcer of duodenum	4	3.0
5500	Inguinal hernia	4	3.0
38.9	Orbits needle with mandible involvement	3	2.3
7287	Lumbago	3	2.3
1101	Dermatophytosis (foot)	2	1.5
4510	Phlebitis and thrombophlebitis (lower extremity)	2	1.5
5350	Gastritis and duodenitis	2	1.5
5369	Disorders of function of stomach (other)	2	1.5
6010	Prostatitis	2	1.5
6929	Eczema and dermatitis (other)	2	1.5
7209	Vertebrobasilar pain syndrome	2	1.5
7805	Vertigo	2	1.5
7873	Pain in joint	2	1.5
8160	Fracture of one or more phalanges of hand (closed)	2	1.5
	Total	53	40.0

The remaining 79 medical diagnoses which occurred only once are listed in Table 13. These conditions are included in tabular form to demonstrate the diversity of illness, symptoms/conditions that occurred in this unique group.

TABLE 13
Medical Episodes Which Occurred Once

ICDA-8	Name	ICDA-8	Name
500039	Food poisoning, unspecified	6040	Orchitis/epididymitis
500067	Irritation of tongue while recuperating/operation	6076	Disease of male genital organs/miscellaneous type
500068	Patellectomy	6840	Pyoderma
500069	Surgery to close reopened wound	6963	Pityriasis rosea
91	Diarrhea, NOS	7099	Disease of skin/miscellaneous type
340	Streptococcal sore throat	7171	Scapulohumeral myofasciitis
789	Viral conjunctivitis, unspecified	7244	Recurrent dislocation of knee
980	Gonococcal infection G/I tract, acute	7288	Radiculopathy syndrome of lower limbs
1991	Malignant neoplasm with specifying site	7320	Infective myositis and other inflammatory disease of tendon and fascia
2412	Thyrotoxicosis without mention of goiter	7803	Abnormal involuntary movement
2669	Nutritional deficiency, miscellaneous/unspecified	7807	Disturbance of memory
2839	Anemia, NOS	7810	Disturbance of vision/except defective sight
2893	Lymphadenitis, unspecified	7825	Syncope or collapse
3004	Depressive neurosis	7837	Pain in chest
3032	Physical disorders, presumably psychogenic (respiratory)	7857	Melena
3055	Physical disorders, presumably psychogenic (gastro-intestinal)	7874	Swelling in joint
3460	Migraine	7881	Excessive sweating
3701	Hyperopia	7893	Hematuria
3703	Astigmatism	7900	Nervousness/nervous tension
3709	Refractive error/miscellaneous/unspecified	8440	Sprain or strain of knee/leg
3790	Blindness, both eyes, specifically defined	8451	Sprain or strain of foot
3849	Inflammatory disease of ear/miscellaneous	8478	Sprain or strain of back
3890	Impairment of hearing, one or both ears	8480	Other and ill defined sprains and strains
4010	Essential benign hypertension	8700	Open wound of eye and orbit without complications
4139	Angina pectoris without hypertension	8737	Laceration, miscellaneous location on face
4550	Hemorrhoids	8830	Open wound of fingers without complication
4600	Acute nasopharyngitis	9239	Contusion of shoulder and upper arm/late effect
4660	Acute bronchitis	9240	Contusion of elbow, forearm and wrist/acute effect
4720	Influenza with non-pneumonic respiratory	9249	Contusion of elbow, forearm and wrist/late effect
4860	Pneumonia, type unspecified	9961	Injury, miscellaneous or unspecified/trunk
4900	Bronchitis NOS		Symptoms
5040	Deviated nasal septum	43161	Maxillary maladjustment, Grade I
5110	Neuritis without mention of effusion or TBC	45257	Retained root
5206	Disturbance in tooth eruption/impacted molar	47812	Sensitivity to ultra violet light (one or both eyes)
5282	Aphthous ulcerations	47911	Headaches, related to eyestrain
5630	Anal fissure		
5769	Disease of gall bladder/biliary ducts		
5920	Calculus of kidney or ureter		
5935	Disease of ureter/miscellaneous type		
5980	Stricture of urethra		
5999	Other and unspecified diseases of urinary tract		
		Missing data	One medical episode

Health Opinion Survey

The participants had been asked to rate their general health, by years, since repatriation. Those results have been reported in an earlier section of the results.

The Health Opinion Survey (HOS) is a 20-item instrument that has been shown to provide the basis for an efficient mental health survey.¹⁵ The (HOS) questions are not obviously

related to mental illness, participants seem to be less reluctant about reporting sleep pattern disturbance, trembling, palpitations, dyspnea, headaches, migraines, and so forth. It has been found that items in the Cornell Medical Index (CMI) which best differentiated patients from controls directly refer to mental illness.¹⁵

The (HOS) scores were computed in accordance with the method recommended by the Cornell Program in Social Psychiatry: responses to item 1 were weighted 1 ("Yes") or 3 ("No"), items 2-20 were weighted 1, 2, or 3 corresponding to "Often", "Sometimes", or "Never". This weighted scoring made it possible to have a total score on the HOS and to compare individual item scores among the participants. The higher the score, range 20-60, the better the mental health of the individual.

There were three participants who did not answer enough of these 20 items to make their results valid, therefore, their results were not included; another three failed to answer one of the 20 questions, their results were included in the totals. The total mean score of the HOS for 38 participants was 47.47, range 36 to 56. The participants' total (HOS) scores were separated into three groups which resulted in having eight in the low range (36-43), mean 39.75; twenty-one in the mid-range (45-51), mean 47.80; and nine in the high range (52-56), mean 53.55.

The 20 items were examined to determine if there were specific areas that identified particular difficulties to the participants.

The combined percentages for those answering "often" and "sometimes" in items 2-17, and 20 revealed that the greatest problems in their order of difficulty were:

- 1) "tend to feel tired in the morning", 73%,
- 2) "bothered by an upset stomach", 63%,
- 3) 33% reported that they smoked "a lot", and 28% smoked "some" while 39% "do not smoke at all",
- 4) 54% reported that they "feel weak all over",
- 5) 52% reported both "trouble getting to sleep and staying asleep",
- 6) 49% are bothered by "nightmares",
- 7) 49% "sometimes wonder if anything is worthwhile anymore", and
- 8) 46% "have a particular physical or health problem at the present.

The combined percentages for those participants answering "often" and "sometimes" revealed that the fewest problems were concerned with somatic problems. For example:

- 1) 24% were "troubled by 'cold sweats'",

- 2) 22% were "bothered by all kinds of ailments in different parts of their body",
- 3) 20% reported that they had "been bothered by their heart beating hard",
- 4) 17% were "troubled by their hands and feet sweating--so that they feel damp and clammy",
- 5) 10% reported that "their hands trembled enough to bother them", and
- 6) 10% reported that they "tend to lose weight when they worry".

In summary: the highest percentages of the HOS items probably indicate that the individuals were experiencing several signs and symptoms consistent with a depressive reaction.

The (HOS) items and how the participants responded by number and percentage can be seen in Table 14.

TABLE 14
Results from the Participants' Health Opinion Survey
N = 41

Item	Yes		No		Missing Data	
	No.	%	No.	%	No.	%
1. Do you have any physical or health problems at the present?	19	46.3	20	48.8	2	4.9

Item	Often		Sometimes		Never		Missing Data	
	No.	%	No.	%	No.	%	No.	%
2. Do your hands ever tremble enough to bother you?	0	0	4	9.8	35	85.4	2	4.9
3. Are you ever troubled by your hands or feet sweating so that they feel damp and clammy?	1	2.4	6	14.6	31	75.6	3	7.3
4. Have you ever been bothered by your heart beating hard?	0	0	8	19.5	29	70.7	4	9.8
5. Do you tend to feel tired in the mornings?	6	14.6	24	58.5	8	19.5	3	7.3
6. Do you have any trouble getting to sleep and staying asleep?	0	14.6	11	26.8	19	46.3	1	2.4
7. How often are you bothered by having an upset stomach?	3	7.3	23	56.1	12	29.3	3	7.3
8. Are you ever bothered by nightmares (dreams that frighten you)?	2	4.9	18	43.9	19	46.3	2	4.9
9. Have you ever been troubled by "cold chills"?	1	2.4	9	22.0	30	73.2	1	2.4
10. Do you feel that you are bothered by all kinds of ailments in different parts of your body?	0	0	9	22.0	30	73.2	2	4.9
11. Do you smoke?	13	31.7	11	26.8	16	39.0	1	2.4
12. Do you ever have loss of appetite?	0	0	15	36.6	25	61.0	1	2.4
13. Has any ill health affected the amount of work you do?	1	2.4	15	36.6	23	56.1	2	4.9
14. Do you ever feel weak all over?	2	4.9	20	48.8	17	41.5	2	4.9
15. Do you ever have spells of dizziness?	2	4.9	15	36.6	23	56.1	1	2.4
16. Do you tend to lose weight when you worry?	0	0	4	9.8	35	85.4	2	4.9
17. Have you ever been bothered by shortness of breath when you were not exerting yourself?	0	0	11	26.8	29	70.7	1	2.4
18. For the most part, do you feel healthy enough to carry out the things that you would like to do?	34	82.9	4	9.8	1	2.4	2	4.9
19. Do you feel in good spirits?	29	70.7	9	22.0	2	4.9	1	2.4
20. Do you sometimes wonder if anything is worthwhile any more?	3	7.3	17	41.5	19	46.3	2	4.9

General Symptoms

The participants were advised that several authors of previous scientific articles had reported the occurrence of certain symptoms in former repatriated prisoners of war and/or concentration camp survivors.^{1,2,13,14} These symptoms usually are late in appearing, beginning sometimes five years after the individuals are released from incarceration. The symptoms may be insidious in onset and go unrecognized by examining physicians assuming that the subjective complaints are a consequence of the individual's normal aging process.

An instrument was made using 13 items, 11 of which were identified by Eitinger as comprising the concentration camp (KZ) syndrome, the other two have been reported as occurring in this population.¹³

The Pueblo participants were asked to indicate if they have experienced these symptoms since April 1969. There were three choices available "often", "sometimes", or "never", and the answers were weighted (1), (2), or (3) respectively. The total weighted score was obtained for each participant and individually by item numbers. The higher the score, range (13-39), the better the adjustment of the individual.

The combined percentages for those answering "often" or "sometimes" in items 1 to 13 revealed that the greatest problems in their order of occurrence were:

- 1) 83% reported that they had "nervousness, irritability, restlessness", and "fatigue",
- 2) 71% admitted having "difficulty in controlling their temper",
- 3) 61% reported "failing memory and difficulty in concentrating", and "a lack of interest in what they used to be interested in",
- 4) 56% reported having "emotional instability", "depressive episodes", and "loss of initiative",
- 5) 54% reported experience "sleep disturbances", and
- 6) 49% had "feelings of insufficiency and inadequacy".

The somatic complaints were reported in few instances "dizziness" 42% and "headaches" occurring in 37% of the participants.

In summary, these General Symptoms which are synonymous with the concentration camp (KZ) syndrome again reveal many depressive symptoms lending consensual validation to the results reported in the (HOS) instrument.

The complete results of the General Symptom questionnaire can be found in Table 15.

TABLE 15
General Symptoms: Consistent with the
Concentration Camp Syndrome Symptoms

Symptom	Often		Sometimes		Never		Missing Data	
	No.	%	No.	%	No.	%	No.	%
1. Feeling memory and difficulty in concentrating	1	7.3	22	53.7	15	36.6	1	2.4
2. Nervousness, irritability, restlessness	8	19.5	26	63.4	5	12.2	2	4.9
3. Fatigue	6	14.6	28	68.3	6	14.6	1	2.4
4. Sleep Disturbances	4	9.8	18	43.9	18	43.9	1	2.4
5. Headaches	10	24.4	16	39.0	14	34.1	1	2.4
6. Emotional Instability	9	0	15	36.6	25	61.0	1	2.4
7. Depressive Episodes	3	7.3	20	48.8	17	41.5	1	2.4
8. Vertigo or Dizziness	2	4.9	15	36.6	23	56.1	1	2.4
9. Loss of Initiative	4	9.8	19	46.3	17	41.5	1	2.4
10. A lack of interest in what you used to be interested in	0	0	25	61.0	15	36.6	1	2.4
11. Feelings of insufficiency and inadequacy	4	9.8	16	39.0	20	48.8	1	2.4
12. Periods when alcohol is used to excess	2	4.9	14	34.1	24	58.5	1	2.4
13. Difficulty in controlling one's temper	6	14.6	23	56.1	11	26.8	1	2.4

Education

At the time of the participants' incarceration on January 23, 1978 only four members had less than a high school education. The average years of education completed at the time of capture was 13.4 years, range (9-20).

The participants were asked to document their educational experiences since April 1969. Twenty seven, (65%) of the participants reportedly had obtained some type of additional education. There were two who attended high school and one graduated. Six attended a vocational school for an average of 11 months, four went full time and three graduated. Nine of the participants attended a Junior College for an average of 23 months, four attending full time, and six earned an Associate in Arts (AA) Degree. Eight attended a four-year college for an average of 30 months' duration, six were enrolled full time, and five received their degree. Six of the participants enrolled in graduate school, two attended full time for an average of 13 months, and three graduated. Eight patients enrolled in some form of correspondence course, and four completed the course which lasted for an average of 16 months.

The additional education obtained by the Pueblo participants is considered to be impressive. This supplemental education was obtained between May 1971 and May 1975. Is

there a relationship between the apparent delayed effect of the poorer health, reported by the participants, and their failure to seek further education since May 1975?

Residence Locations

There were 38 participants who completed this section of the questionnaire. The average number of residency moves was 3.9, range (1-8); 74% lived in a house, 21% in apartments, one individual occupied a condominium, and one a mobile home; 60% owned or were buying their place of residence while 35% rented, and 5% lived in government housing. Only four individuals lived with someone other than their spouse, i.e., one with his parents, one with his wife's parents, and two with a friend.

Civilian Occupations

The 29 non-military participants reported that since April 1969 they had had an average of 2.6 full time jobs (range 1-12 years). Twelve individuals had been on their most recent job for an average of 30 months, range (7.9 to 0.1 years). The method of their earned compensation was: 55% were paid by the hour, 26% were salaried, 15% were self-employed, and 4% were on salary plus commission. There were 82% of the individuals that were supervised and 18% that received no supervision in their employment. The number of individuals that the participants supervised varied from none, 65% to 35% who supervised employees, range (1-21+).

The job title listed by 21 of the participants are listed in Table 16 to demonstrate the diversity of interests among the participants.

TABLE 16
Current Job Titles
N = 21

Job Title	No.
Physics, Oceanography	1
Agricultural Sciences	1
History	1
Secondary Education	1
Painter (Artist)	1
Accountant and Auditor	1
Miscellaneous Management	1
Ship's Captain, Mate or Engineer	1
Miscellaneous Professional, Technical or Managerial	1
Mail Carrier	1
Janitor	1
Processing of Chemicals	1
Mechanic and Machine Repair	1
Fabrication and Repair - Metals	1
Assembly and Repair - Electronics (Radio, Television)	1
Assembly and Repair - Electrical Appliances	1
Assembly and Repair - Electrical Accessories	1
Assembly and Repair - Equipment (Not Elsewhere Classified)	1
Miscellaneous Transportation Occupations	1
Packaging and Material Handling Occupations	2
TOTAL	21

Adjustment

Following a prolonged period of stress which was relatively similar for the entire group we were interested in finding out how such an experience, albeit subjectively evaluated, might affect the individual's adjustment post-incarceration.

The participants were requested to answer each of the questions asked; however, as you might expect, the directions were not strictly followed.

TABLE 17
Effects of Being a Prisoner

Effect	YES		NO		MISSING DATA	
	No.	%	No.	%	No.	%
Has had no effect on me	9	22	21	51.2	11	26.8
Was responsible for changing my life	24	58.5	12	29.3	5	12.2
Things are better	21	51.2	10	24.4	10	24.4
Things are worse	2	4.9	26	63.4	13	31.7
Things are no different	7	17.1	22	53.7	12	29.3

The first and last question in the above table remain relatively stable, while 24 of the participants report that being a prisoner "was responsible for changing their lives", 21 report for the "better", and two believed that "things are worse".

The participants were invited to make comments following each of the adjustment sections. These are a representative sample:

"No one can truthfully reply that his life has not changed after being a prisoner of a communist country."

"It was a difficult period, but i have become more appreciative of the freedom I used to take for granted."

"Experience was very revealing, about one's own capabilities and limitations. My religious convictions were strengthened. The experience sharpened my political awareness as well."

"A long period of transition--bad to worse--bad to good--hard to adjust and settle down."

The participants were asked, "How do individuals react to you when they find that you were a member of the USS Pueblo crew?" The participants' answers were somewhat contradictory, for example: 51% said it makes it easier to know people; 7% felt that it was more difficult to meet individuals; 37% claimed it made no difference; however, 37% also tried to avoid letting people know that they had been a member of the USS Pueblo crew.

During the period of imprisonment the Pueblo crew members had been subjected to lectures about the negative aspects of the imperialistic/capitalistic system of government. Some of the crew members had also been given a thinly veiled threat that following their release, attempts to contact them by Communist agents could be expected. The participants were asked and two individuals felt that they may have been contacted by North Korean agents.

"I have been threatened by what I believe to be domestic street Communists-- plus three bomb threats, -- no threats for the past several years now."

"In 1972 I received a threatening letter from Korea through Mexico. The letter is on file with Naval Intelligence and the Federal Bureau of Investigation."

"No, I haven't been contacted--however, I would welcome the opportunity to meet several on neutral ground."

The participants were asked if they had ever been in a situation, since April 1969, that brought back memories of their imprisonment. Fifty-nine per cent of the participants reported that they had experienced this sensation.

Some of the representative comments are quoted:

"When ABC-TV presented the story of the Pueblo based on the Board of Inquiry-- each time I have a Veteran's examination-- and when the American prisoners of war were released from North Vietnam-- result nightmares."

"A high-watt bulb with no shade-- eating a certain type of sou lough bread-- visiting the Duane Hodges* Memorial in Creswell, Oregon."

"A day hardly goes by that I don't remember the USS Pueblo and the imprisonment. Remembering this causes me to reflect back to those very sad frightening days."

"Certain films have evoked for short periods the feelings of imprisonment by strange and alien people who have control over one's fate; encounters with police or military can, on occasion, produce the feeling of inner rage at stupid brutal people."

"Depression, feelings of uncertainty, confinement on a psychiatric service, and nightmares."

In an effort to learn from those individuals who had experienced this unique stress, the participants were asked to suggest what assistance could be provided to American prisoners of war incarcerated by orientals during their re-entry into western society. Eighteen or 43% of the participants made some recommendations, several of the comments are quoted.

"The problems may not be geographically related, but the constant uncertainty and lack of information about the captors make it extremely difficult to make decisions or deal with them on a one-to-one basis."

"It affects everyone involved in some way or another. Things are never the 'sam you are not the same."

* Duane Hodges was the crew member killed during the capture of the USS Pueblo (AGER-2).

"There is a double problem and it is difficult to disassociate the effect of being a prisoner from the effect of encountering an alien culture/form of government (i.e., the North Koreans and a Communistic society). On returning to the United States the experience can seem like a dream, yet one realizes that people and 'things' have changed. It become difficult, if not impossible, to explain one's experience and this creates distance between yourself and 'others'."

"Readjustment to a half-way normal life after return to the United States depends largely on the degree of guilt feelings brought back by the P.O.W."

"The problems of being a prisoner anywhere are incalculable. Problems of readjustment? The psychological impacts, both obvious and subtle, which may be immediately apparent or, worse, go unnoticed. You know you're having problems but you don't understand why! Impatience, depression, nervousness, short temper, all coupled with more money than you've ever seen before at one time (back pay). Publicity, both adverse and complimentary, family developments, i.e., new children or marital discord, and you're a potential bomb waiting to explode. At that point the individual desperately needs some stabilizing influence."

There were 24% of the participants who reported that it was difficult to re-establish friendships in the first year or two after being released from North Korea. The same individuals indicated that at the present time it is difficult to form friendships. There were 20% who are now out of the service that find civilian life difficult in some respect. This is the same percentage that are partially disabled.

The participants recreational choices have changed very little when comparing the first two years following their release with the present time. There are 11% who enjoy team sports with the extent of their participation unknown; 36% participate in individual sports; 4% enjoy group social activities; 34% pursue solitary activities; and 20% failed to complete this portion of the questionnaire. The majority of the participants are very satisfied or somewhat satisfied with their social and recreational activities during the first two years and presently.

The Veterans Administration benefits have been sparingly used except for schooling under the G.I. Bill and 16 or 39% of the participants have used this benefit. Eight or 20% of this group indicate that the Veterans Administration or the U.S. Navy could have been of more assistance in helping them return to civilian life.

"...too quick to dismiss and forget the whole issue--as if they wanted to forget about it and move along."

"I have had long correspondence with the V.A. for some medical help. They were so hard to deal with that I got a lawyer but even he couldn't

make out where they were coming from. He finally said if they had their minds made up, we could never win."

"Under the G.I. Bill I was able to completely pay for a college education plus put several thousand dollars away in savings. Neither the V.A. nor the Navy could've done more, in my opinion. Most of us on that ship weren't drafted, we enlisted. How much have we a right to expect them to do?"

I've never experienced so many people, and not just out of duty or responsibility, ready and eager to help."

Finally, in the section dealing with the participants' adjustment, the question was asked: "...are you experiencing any problems in your daily living that you trace to your imprisonment in North Korea?" There were 37% who answered this question in the affirmative, 32% responded negatively, 22% indicated that they had no problems, and 9% failed to answer this question. The participants were asked to make comments if they answered 'yes' to this question, a representative sample of the comments are included.

"Frustration with people."

"Nothing physically incapacitating but they're there--nose, leg, eyes--as annoyances. Counseling has helped me too. Military and V.A. are not people-oriented and I don't like non-human treatment so I go to private doctors."

"Sometimes I cannot concentrate. My memory is dull but when my knee hurts, it reminds me that if I had not been a POW I would still be in good physical condition."

"I have difficulty in giving briefings and had to give it up; however, with counseling and medical assistance I am regaining this skill."

"I'm still angry the way everything was handled from the day the Pueblo was thought up--until now."

"Depression--leg problems, and suppressing emotional problems."

"I find it difficult to understand or tolerate the complacency of younger people and my children in particular, appreciation of our basic rights and freedoms are taken much too lightly."

Conclusions

This highly representative sample of USS Pueblo crew members who participated by completing a mailed-out survey questionnaire reported many subjective medical/adjustment complaints. The cluster of medical symptoms were similar to the symptoms described by other investigators as comprising the concentration camp (KZ) symptomatology.^{2,13,14} The similarity of the KZ symptoms with those which make up the usual manifestations of depressive neurosis was pointed out. These data have not suggested any specific etiological factors or combination of causes. The only common denominator documented with the Pueblo

crew members has been that the subjects in all of the referenced studies have been repatriated POWs or concentration camp survivors.

Approximately 20% of the Pueblo participants are partially medically disabled apparently as a result of the imprisonment experience, and 37% are currently experiencing problems in their daily living that are attributed to the imprisonment in North Korea.

The hypothesis that repatriated POWs/concentration camp survivors are in a high risk category for developing late medical disability sequella cannot be specifically proved, the absence of an acceptable control sample precludes making such a definitive statement. The subjectively self-reported medical condition of these participants lends substantial credibility to the thesis that delayed medical problems can be expected to occur in a population of repatriated POWs at a greater rate than would be expected for their mean chronological age (35.6 years).

One of the participants described in explicit detail his difficulties in adjusting to returning and his current everyday life.

"It becomes difficult, if not impossible, to relate one's experience to those around you, and this then creates a distance between the former POW and others which creates a certain experience regarding the imprisonment experience. The period of imprisonment probably relates to the sense of isolation and confusion. Ours was for eleven months; however, the effects were perceptable on our attitudes and self-image upon return.

"What we experienced ranged from brutality to indoctrination lectures. All this notwithstanding, the sensation of estrangement and dislocation was there. One symptom of this disruptive influence noted above that I have experienced is the feeling of a double life--one person having lived two lives as the same person. Normalcy is one's everyday life back in the United States. However, when something happens that flashes me back to that other life as a prisoner in Korea, I have the sensation of literally stepping out of the present reality into another world; for example, my karate teacher was Korean and certain of his mannerisms and his odor of garlic from eating Korean food would bring back certain memories of guards in Korea--my momentary emotion was hostility and distaste--but these emotions soon passed; reading about the Poplar Tree incident in the DMZ in 1976 brought back the feeling of rage at the stupidity and brutality of our guards. In my case these experiences are not debilitating or disruptive.

"The best 'remedy' I have found to this experience is to become actively involved in an activity that is enjoyable or that you otherwise want to do, and to reintegrate into some aspect of the present reality and thereby overcome the feelings of disorganization, isolation, and perhaps persecution. Easier said than done."

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(14) NAVHLMTR CTR-78-37

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 78-37	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) THE PUEBLO INCIDENT: A FOLLOW-UP SURVEY CONDUCTED EIGHT YEARS AFTER THE RELEASE OF THE USS PUEBLO CREW FROM NORTH KOREA.		5. TYPE OF REPORT & PERIOD COVERED Final rept.
7. AUTHOR(s) Raymond C. Spaulding		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS Naval Health Research Center San Diego, CA 92152		8. CONTRACT OR GRANT NUMBER(s) F51524
11. CONTROLLING OFFICE NAME AND ADDRESS Naval Medical Research & Development Command Bethesda, MD 20014		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS 62700N MF51 524 022-0005
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office) Bureau of Medicine and Surgery Department of the Navy Washington, DC 20372		12. REPORT DATE October 1978
		13. NUMBER OF PAGES 28
		15. SECURITY CLASS. (of this report) Unclassified
		16a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report) Approved for public release; distribution unlimited.		
18. SUPPLEMENTARY NOTES Presented at the VI World Congress of Psychiatry, 28 Aug-3 Sep 1977, Honolulu, Hawaii.		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) USS PUEBLO Adjustment POW Follow-up Medical Studies		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The 81 surviving USS Pueblo crew members* were given extensive medical and psychiatric examinations on 23 December 1968. This was within 48 hours of their release after eleven months' incarceration by the North Koreans. The last group medical examination of the Pueblo crew was in April 1969. A questionnaire was mailed in early 1977 to the Pueblo crew members. The questions requested information regarding their health and adjustment since April 1969. The incidence and scope of symptoms and diseases, morbidity,		

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disability, marital adjustment and current life styles was addressed. The survey inquired into the following major areas: A) interim medical history and chronological development of illness, if applicable; b) occupational experiences; c) educational experiences; d) marital history including children; e) residential history; f) interpersonal relationships; g) military experience and, h) attitudinal changes as influenced by the incarceration experience.

* Voluntary Informed Consent: Each individual that participated in this study signed a detailed Voluntary Informed Consent form which in part contained the following: "I also consent to have my data used in any published scientific reports of this investigation, subject to the assurance of anonymity."

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